

Employment Data Form

General Instructions: The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pen. Be sure to read each item thoroughly before completing this form. 1. Last Name First Name MI 2. Social Security Number 3. Position for which you are applying 4. Job Announcement Number (b). If "YES", do you intend to enroll or continue to be en immediately effective. 5 (a). Is this a Student Program position? immediately after completing the program? \bigcirc 7. Race (see the definitions below, and mark the appropriate circle) 6. Have you ever taken the Foreign Service Officer (1) American Indian or Alaskan Native (4) White \bigcirc \bigcirc NOTE: Race is defined by the Equal Employment Opportunity Commission as follows: 1. American Indian or Alaskan Native A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. 2. Asian or Pacific Islander A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and 3. Black-(Not of Hispanic Origin) A person having origins in any of the Black racial groups of Africa. 4. White-(Not of Hispanic Origin) A person Having origins in any of the original peoples of Europe, North Africa or the Middle East. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race. (see "Self-Identification of Handicap" URL: rinterncap.html for codes) 8 (a). Do you have a disability? (N) (b). If "YES", enter the primary code in the space Definition of a Handicap: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed on URL: rinterncap.html (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation. 9. If employed, describe Field of Work. (Check all that apply) 11. Years of Overseas 10. Years of Full-Time Work Experience Experience () Economics/Marketing Banking/Finance Scientific/Technical International Trade Clerical and Related 12. Overseas Experience Sales/Service () Law Student (Military Military Teaching Dependent Government Federal Government Other

13. How did you learn about the job for which you are applying? (You may select up to 3 choices) Private Information Service () Poster

(Please Specify)

() Magazine Private Employment Office () Newspaper State Employment Office (Job Service)

Agency or other Federal Government Recruitment at School or College

Agency Personnel Dept. (Bulletin Board or Other Announcement)

Federal, State or Local Job Information Center

() Religious organization

School or College Counselor or other official

Friend or Relative Working for Agency

Friend or Relative not Working for Agency

Privacy Act Information:

Other (Please specifly)

Foreign Affairs

This is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974 for individuals completing Federal records and forms that solicit personal information. Authority: Sections 1302, 3301, 3304 and 7201 of Title 5 of the U.S. Code. Purposes and Routine Uses: The information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Director, PRDC, Office of Personnel Management, Washington, D.C. 20415. **Effects of Nondisclosure**: Providing this information is voluntary. No individual personnel selections are made based on this information. Information regarding disclosure of your Social Security Number under Public Law 93-579, Section 7 (b): Solicitation of the Social Security Number (SSN) by the Office of Personnel Management is authorized under provisions of Executive Order 9397 dated November 22, 1943. It is used to relate this form with other records that you file with Federal agencies and the Office of Personnel Management.

Peace Corps